Privacy Act Notification

Under the authority of 5 USC 301, the information regarding your former military service, educational background, and present personal data is required in order to evaluate for certification as an NJROTC instructor. The authority for requesting your social security number is E. O. 9397. The requested information will be used by officials within DOD who are involved with the administration of the NJROTC program and are engaged in certification review, and by the NJROTC area manager in the area where you are seeking employment. Providing the requested information is voluntary, however, failure to do so may result in your not being considered as an NJROTC instructor.

APPLICANTS MUST COMPLETE ALL PARTS

PART 1 – BASIC INFORMATION

NAME (last, first, middle initial)		RANK/	RATE BRANCI		CH (U	JSN, USNR, etc.)	DESIG/PNEC		SSN		
RETIRE DATE	YEARS ACTIVE DU	JTY	BIRTH	I DATE	Т	TELEPHONE (home)	(work)			
				(
CURRENT HOME ADDRE	ESS										
DESIRED GEOGRAPHICA	AL AREA OF EMPLOYME	NT									
REIIREMENT/POST RETI	REMENT CONTACT										
CONTACT'S NAME, ADD	RESS, AND PHONE NUM	IBER (peri	manent add	lress)							
				PART 2 -	- ED	OUCATION					
HIGH SCHOOL LAST ATTENDED (name, city, state)					GRADUATE DATE COMPLETE		ΓED				
					Y	YES NO	GED [⊐ ,			
COLLEGE(S) AT	TTENDED (name, city, state	e)	MA	AJOR		YEARS ATTE	NDED		DEGREE	\dashv	DATE COMPLETED
										\dashv	
			<u> </u>								
SERVICE SCHOOLS ATTENDED (2 weeks or longer) YEAR COMP		COMPLETI	ED	(service	e schools continued)		Y	EAR COMPLETED			

PART 3 – ACTIVE DUTY

INSTRUCTOR DUTY (type, place)	FROM (mo/yr)	TO (mo/yr)

DUTY STATIONS (from present or last duty, use continuation sheet if stations outnumber spaces)

FROM (mo/yr)	TO (mo/yr)	ACTIVITY	DUTIES
			PRIMARY
			COLLATERAL
			PRIMARY
			COLLATERAL
			PRIMARY
			FRIMARI
			COLLATERAL
			COLLATERATE
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			COLLATERAL
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			2011 1999 17
			COLLATERAL
			PRIMARY
			PRIMARY
			COLLATERAL
			COLLATERAL
			PRIMARY
			COLLATERAL
			PRIMARY
			COLLATERAL

		DECORATIONS/AW	VARDS/COMMENDATIONS			
			LIAN EMPLOYMENT			
		EMPLOYMENT	I SINCE RETIREMENT		I	T
EMPLOYER NAM	E & ADDRESS		JOB DESCRIPTION	FROM (mo/yr)		TO (mo/yr)
PRESENT SUPERVISOR'S N	AME, TITLE, & TELEPHO	NE				<u>I</u>
		PART 5 – P	ERSONAL DATA			
MARITAL STATUS	CHILDREN (list ages)		HEIGHT WEIGH		Т	% BODY FAT
HOBBIES						
11000000						
OTHER INFORMATION (incl	ude community involvement	clubs, athletics, youth work	etc.)			
(,,, ,,	,			

PART 6 – REMARKS

Please answer the following questions on a separate piece of paper and attach to this form:						
1. Why do you want to become an NJR	OTC instructor?					
2. Why do you believe that you would be	be a good NJROTC instructor?					
3. Have you ever received NJP or been	convicted of a UCMJ or civil offense?	YES 🗀	NO			
(If yes, explain on a separate sh	eet of paper)					
No action will be taken on this	application unless the following are atta	ched:				
	Fitness Assessment. If Assessment data Body Fat Measurements (CNET 6110/4)					
maximum photographic clarity detail may occur in the resultin the prescribed uniform, uncove approximately 4 inches in widt details of uniform. When an au photograph may be produced withese are the same requirement.	han one year old). The uniform for this Summer White may be used where Kh g photograph. The photograph shall dispred, with the left shoulder forward, again and 5 inches in height. Background shathorized Navy photographic laboratory which complies as closely as possible with specified for official file photographs. In gon the season. Marine Corps and Coad for Navy applicants.	aki is not authorized: holay a full-length three- nst a plain contrasting be all be flat and provides or an alternate support to the requirements spection of the spectiments of the speciments of the speci	nowever, significant loss of quarter view of the applicant in ackground, in a size sufficient contrast to highlight facility is unavailable, any sified above. For officers, ay wear Summer White or			
Date of photograph:						
I authorize release of my military persor	anel file on microfiche to CNET (NJRO)	ΓC) to review for certifi	cation consideration.			
I understand that I am responsible for cointerview. This interview must be comp						
SIGNATURE		DATE				
Mail this completed application to:	Chief of Naval Education and Trair CNET (NJROTC) Attn: Instructor Admin 250 Dallas St. Pensacola, FL 32508-5220	ning				